

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042554

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 391

Primary Registration District No. 4504/4505

Registrar's No. 35

FILED OCT 29 1963

## 1. PLACE OF DEATH

a. COUNTY Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Bell City

Length of stay in 1b

6 Mo.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Shetley Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Iron

c. CITY

OR TOWN

Bellevue

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

General Delivery

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

WILLIAM

Middle

HENRY

Last

COPELAND

4. DATE OF DEATH

Month

Day

Year

October

15

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12 May 1885

## 9. AGE (last birthday)

78

## 10. IF UNDER 1 YEAR

Months Days Hours Min.

## 11. IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

own farm

## 11. BIRTHPLACE (City and state or country)

Iron Co., Mo.

## 12. CITIZEN OF WHAT COUNTRY

U S A

## 13a. FATHER'S NAME

Jessie Copeland

## 13b. MOTHER'S MAIDEN NAME

Ellen Sumpter

## 14. NAME OF HUSBAND OR WIFE

Ellen Worley Copeland

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, name of unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Harrison Copeland Black, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

BRONCHIAL PNEUMONIA

## INTERVAL BETWEEN ONSET AND DEATH

1 WKS.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

IMMOBILITY, VIRAL INVASION

#### DUE TO (c)

2 WKS.

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CARDIO-VASCULAR RENAL DISEASE

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

NONE

## 20c. TIME OF INJURY

Hour Month, Day, Year

a.m. p.m. NONE

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

NONE

## 20f. CITY, TOWN, OR LOCATION

NONE

## COUNTY

## STATE

21. I attended the deceased from 10-10-63, to 10-10-63 and last saw him alive on 10-10-63

Death occurred at 5:30 A M m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

H. Imasebach, D.O.

## 22b. ADDRESS

ORAN, MO.

## 22c. DATE SIGNED

10-21-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

18 Oct 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Asher Cemetery

## 23d. LOCATION (City, town, or county)

Oates,

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

White Funeral Home Ironton, Mo.

## 25. DATE RECD. BY LOCAL REG.

10/26/63

## 26. REGISTRAR'S SIGNATURE

Bernice Moore

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59

1/030

2 0470

3

4 0

5 2

6

7 0

8 2

9 491X

10

11

12 86-2

13 3-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. D. Chapman*

Licensed Embalmer No.

*4086*

P. O. Address

*Malden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.